

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21	X						71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	/						83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38	/						88				
39	/						89				
40	/						90				
41	/						91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>	7						<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>	47						<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>	104						<b>TOTAL CLAIMS</b>				